

**BOARD OF ADJUSTMENT  
INTERPRETATION/APPEAL  
APPLICATION PACKET**

**The following information is required prior to the appeal being scheduled for the Board of Adjustment.**

- ☐ 1. Completed appeal application form including reference to the specific sections of the ordinance or guidelines being appealed.
- ☐ 2. Contact phone number, mailing address, and petitioner's signature on the appeal application form.
- ☐ 3. Interpretation/Appeal Application Filing Fee \$500.00.
- ☐ 4. If applicable to your appeal, eight (8) sets of the completed site plan, including the property identification number, location of buildings, landscaping, parking, building elevations, signage, and other pertinent information as requested by staff.
- ☐ 5. Any available information to be presented as an exhibit at the appeal hearing or other attachments should be submitted to the Secretary at the time of application (if available).
- ☐ 7. a. Pre-application conference with the Planning & Development staff.  
b. With whom: \_\_\_\_\_

**\*\* NOTE: If a Court Reporter is needed for your case, then you are responsible for making those arrangements and notifying the Board of Adjustment Secretary.**

NORTH CAROLINA  
BUNCOMBE COUNTY  
CITY OF ASHEVILLE

BEFORE THE ASHEVILLE  
BOARD OF ADJUSTMENT  
PROPERTY INFORMATION

If applicable to your appeal, then please provide the following property information.

Property Location: \_\_\_\_\_

PIN Map #: \_\_\_\_\_

Zoning: \_\_\_\_\_ Use of Property: \_\_\_\_\_

TYPE OF APPEAL: Zoning Interpretation [ <input type="checkbox"/> ]; Other [ <input type="checkbox"/> ]
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Title to this property is in the name of : (Furnish current address-please print legibly)

Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_  
(Petitioner's Name)

\_\_\_\_\_  
(Agent's Name)

\_\_\_\_\_  
(Petitioner's Address)

\_\_\_\_\_  
(Agent's Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Phone Number)

**\*\* NOTE:** If the Petitioner is not the property owner, then a notarized letter is required from the property owner stating that the Petitioner has permission to apply to the Board for the requested variance.

**NORTH CAROLINA**  
**BUNCOMBE COUNTY**  
**CITY OF ASHEVILLE**

**BEFORE THE**  
**BOARD OF ADJUSTMENT**  
**APPEAL APPLICATION FORM**

☐ **Zoning Interpretation Appeal**

☐ **Other Type of Appeal (HRC, Housing Code, etc.)** \_\_\_\_\_

TO THE CITY OF ASHEVILLE BOARD OF ADJUSTMENT

I, \_\_\_\_\_ hereby appeal to the Board of Adjustment from the following adverse decision of the City of Asheville:

Who rendered the decision?: \_\_\_\_\_

Briefly describe what the decision prevents you from doing?: \_\_\_\_\_

\_\_\_\_\_

Date of the decision: \_\_\_\_\_ Date that you received the decision: \_\_\_\_\_

How do you think that the ordinance or guidelines should be interpreted?: \_\_\_\_\_

\_\_\_\_\_

What section(s) of the ordinance or guidelines supports your interpretation?: \_\_\_\_\_

\_\_\_\_\_

Why do you think that your interpretation is correct?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you think that the City's interpretation is wrong?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments/information that you would like to have considered: \_\_\_\_\_

\_\_\_\_\_

I certify that all the information presented in this application and attachments is accurate to the best of my knowledge, information, and belief.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PETITIONER'S NAME (Please Print)

\_\_\_\_\_

ZoningInterpAppealAppl

PETITIONER'S SIGNATURE